

**Attachment A**

**DUTCHESS COUNTY  
COMMON GRANT APPLICATION COVER PAGE**

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Direct Dial Phone Number of Contact Person: (     ) \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

Signature of Board Chair: \_\_\_\_\_

The amount being requested: \$\_\_\_\_\_ # of customers to be served \_\_\_\_\_

☐ Check here if this is a brand new program.

If you are applying for Youth Bureau funding indicate which category of funds you are applying for: \_\_\_\_\_